

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cjn

130674

RECEIVED JAN 15 2013

CHK# 129 50-

II Client Information

Name: The Alliance of TBI and NHTD Waiver Providers

Permanent Business Address: 208 West Main St

City: Elbridge

Business Phone: 315-252-7889

Third Party Beneficiary (see instructions):

State: NY

ZIP code: 13060

Fax Number: 315-252-0453

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: ML Strategies, LLC

Phone Number:

Address: 701 Pennsylvania Ave., NW, Suite 900

City: Washington

State: DC

ZIP code: 20004

Compensation for current period: \$60,000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$60,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 110	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO: First Niagara Risk Management	DATE: 8 / 27 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Directors Liability Insurance	AMOUNT: \$ 800 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO: Michele Driscoll	DATE: 11 / 9 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Legal Services	AMOUNT: \$ 1540 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<input checked="" type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$2775 .00	(if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:
or
Single Source Person's Last Name: McCoey First Name: John

Address: 25 Central Park West State: NY ZIP code: 10023

City: NY

Phone: 716-830-1348

Date Contribution Received: 7 / 9 / 2012	Amount of Contribution: \$ 2500 .00
Date Contribution Received: 8 / 2 / 2012	Amount of Contribution: \$ 2500 .00
Date Contribution Received: 8 / 20 / 2012	Amount of Contribution: \$ 1650 .00
Date Contribution Received: 9 / 10 / 2012	Amount of Contribution: \$ 2500 .00
Date Contribution Received: 10 / 3 / 2012	Amount of Contribution: \$ 2500 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contribution(s) Single Source #2

Single Source Entity's Name:
or
Single Source Person's Last Name: Dzewit First Name: John

Address: 678 Sara Court State: NY ZIP code: 14092

City: Lewiston

Phone: (716) 754-2073

Date Contribution Received: 7 / 9 / 2012	Amount of Contribution: \$ 2500 .00
Date Contribution Received: 8 / 2 / 2012	Amount of Contribution: \$ 2500 .00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00
Date Contribution Received: / /	Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person: Aaron Harris

Entity's or Person's Full Name: Aaron Harris

Entity's or Person's Address: 106 Haywood Rd Syracuse NY 13219

Entity's or Person's Phone: 315-952-0341

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7 / 9 / 2012 Amount of Contribution: \$500 .00

Date Contribution Received: 8 / 2 / 2012 Amount of Contribution: \$500 .00

Date Contribution Received: 9 / 10 / 2012 Amount of Contribution: \$500 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Related or Affiliated Entity or Person: Tara Graham

Entity's or Person's Full Name: Tara Graham

Entity's or Person's Address: 8306 Summit Cedar Lane Liverpool, NY 13090

Entity's or Person's Phone: 315-730-8366

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7 / 9 / 2012 Amount of Contribution: \$500 .00

Date Contribution Received: 8 / 2 / 2012 Amount of Contribution: \$500 .00

Date Contribution Received: 9 / 10 / 2012 Amount of Contribution: \$500 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:** ☐

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: Hancock Estabrook, LLP

DATE: 10 /03 /2012

☐ Ad ☐ Social Event

PURPOSE: Legal Services

AMOUNT: \$325 .00

☐ *Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO:

DATE: / /

☐ Ad ☐ Social Event

PURPOSE:

AMOUNT: \$.00

☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO:

DATE: / /

☐ Ad ☐ Social Event

PURPOSE:

AMOUNT: \$.00

☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO:

DATE: / /

☐ Ad ☐ Social Event

PURPOSE:

AMOUNT: \$.00

☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO:

DATE: / /

☐ Ad ☐ Social Event

PURPOSE:

AMOUNT: \$.00

☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 1**

Single Source Entity's Name:

or

Single Source Person's Last Name: McCooley

First Name: John

Address: 25 Central Park West

State: NY

ZIP code: 10023

City: NY

Phone: 716-830-1348

Date Contribution Received: 11 / 26 / 2012

Amount of Contribution: \$ 5350 .00

Date Contribution Received: 12 / 1 / 2012

Amount of Contribution: \$ 2500 .00

Date Contribution Received: 12 / 24 / 2012

Amount of Contribution: \$ 4600 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source #**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #2**

Related or Affiliated Entity or Person: Aaron Harris

Entity's or Person's Full Name: Aaron Harris

Entity's or Person's Address: 106 Haywood Rd Syracuse NY 13219

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10 /3 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: 11 /9 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: 12 /10 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Related or Affiliated Entity or Person: Tara Graham

Entity's or Person's Full Name: Tara Graham

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received: 10 /3 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: 11 /9 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: 12 /10 /2012 Amount of Contribution: \$ 1000 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Single Source #

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

Medicaid, TBI and NHTD Waiver Programs

☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:

NY Governor's Office, NY State Department of Health

☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

NYSDOH's demonstration to integrate care for dual eligible individuals; Managed Long Term Care (MLTC) Program, as amended by the NYS budget (S. 2809-D; A. 4009-D), and including 1115 Waiver amendments approved by CMS; extension of TBI & NHTD 1915(c) waiver programs; as well as across-the-board 2% reduction in provider payments

☒ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages**XI** Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE

PRINT NAME: LAST

TITLE:

Mark One: ☒ Chief Administrative Officer

DATE:

FIRST

☐ Designee(Attach Letter)**The following MUST be attached to this report at the time of submission:**

- You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.